

# the **CAHPS**<sup>®</sup> connection

Issue 4, June 2005

The Agency for Healthcare Research and Quality's **CAHPS**<sup>®</sup> **Connection** is an occasional update for the many users of CAHPS products and survey results.\* Its purpose is to help you stay informed about new CAHPS products, the product development work of the CAHPS Consortium, and various tools and resources that may be useful to you, such as workshops and educational materials.

Please feel free to pass on **The CAHPS Connection**. If you received it from a colleague and would like to be added to the mailing list, contact the CAHPS Survey Users Network at [cahps1@westat.com](mailto:cahps1@westat.com). To see previous issues, visit our Web site: [www.cahps-sun.org](http://www.cahps-sun.org).

## work-in-progress



### CAHPS Hospital Survey Approved by National Quality Forum

On May 11, the board of the National Quality Forum (NQF) voted to endorse the CAHPS Hospital Survey as a national standard for measuring the patient's perspective on inpatient care. This vote followed approval of the instrument by the NQF's four stakeholder councils, representing purchasers, providers, consumers, and research and quality improvement organizations.

#### What Happens Now?

**Final request for public comment.** In an explicit effort to strike a balance among the needs of hospitals, patients, vendors, and other purchasers, the development of the CAHPS Hospital Survey has been an open process, with ample opportunities for public input. After the Centers for Medicare &

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## what's here

### work-in-progress

CAHPS Hospital Survey Endorsed by National Quality Forum 1

CAHPS In-Center Hemodialysis Survey: A Tool for Quality Improvement 3

### events

Webcast Highlights the Use of CAHPS Surveys to Improve Care 4

Upcoming Webcast: The Use of CAHPS Surveys by States 4

### CAHPS 101

Cognitive Testing: What It Is, Why We Do It 5

### user resources

Coming Soon: The Report Card Clearinghouse 7

Guidelines for Translating CAHPS Surveys 8

Visit [www.cahps-sun.org](http://www.cahps-sun.org)

Medicaid Services (CMS) makes its final decisions about national implementation, the agency will publish a fifth notice in the *Federal Register*.

**Training.** CMS will soon begin the process of training hospitals and survey vendors to administer the CAHPS Hospital Survey. Hospitals and/or their vendors must participate in this in-person training in order to field this survey for CMS. Information about these training sessions will be available at [www.cms.hhs.gov/quality/hospital](http://www.cms.hhs.gov/quality/hospital).

**Pre-implementation testing.** The Agency for Healthcare Research & Quality (AHRQ) has invited hospitals and other sponsors, such as States and hospital chains, to test the 27-item instrument. This testing period will end when CMS's dry run begins (see "dry run" below). By participating in this final test, these sponsors have an opportunity to integrate their own items into the CAHPS Hospital Survey and experiment with other issues related to sampling and survey administration. As part of this testing process, the sponsors have agreed to share their experiences with the instrument. This feedback will help the CAHPS Consortium anticipate and respond to the kinds of issues that may arise as hospitals and vendors make the transition to this standardized survey.

**The dry run.** Before voluntary implementation of the CAHPS Hospital Survey on a national basis, hospitals and their vendors can participate in a dry run. The dry run will be an opportunity to integrate this instrument with existing questionnaires, administer the survey, analyze results, and transmit data to CMS without having to worry about any public reporting.

**Development of technical support resources.** CMS is developing strategies to support hospitals and vendors in implementing the



CAHPS Hospital Survey. In addition, the CAHPS Consortium is exploring ways to help with technical questions, particularly the integration of existing instruments with the CAHPS survey and trending issues that are likely to arise. Based on our analyses as well as feedback from the test sites and other experienced sponsors and vendors, we plan to present users with options for addressing these concerns.

### For More Information

At this time (June 2005), the final plans concerning the implementation of the CAHPS Hospital Survey are being developed. For the most recent information on training, the dry run, and national implementation, please visit the following Web sites:

- [www.cms.hhs.gov/quality/hospital](http://www.cms.hhs.gov/quality/hospital)
- [www.cahps-sun.org/Products/Hospital/HCAHPSIntro.asp](http://www.cahps-sun.org/Products/Hospital/HCAHPSIntro.asp)
- [www.ahrq.gov/qual/cahpsix.htm](http://www.ahrq.gov/qual/cahpsix.htm)

## CAHPS In-Center Hemodialysis Survey: A Tool for Quality Improvement

The Agency for Healthcare Research and Quality has established a partnership among ESRD (End-Stage Renal Disease) Networks, dialysis facilities, and the CAHPS grantees to demonstrate how dialysis facilities can use the CAHPS In-Center Hemodialysis Survey to improve the quality of care they provide. The year-long pilot project involves six facilities from three Networks located in different parts of the country:

- ESRD Network of New England
- The ESRD Network of Texas
- The Mid-Atlantic Renal Coalition

A fourth Network, Intermountain End-Stage Renal Disease Network, is serving as the coordinating Network for the project.

### Steps in the Project

As part of this process, the six dialysis facilities will do the following:

- Analyze the results from the pilot of the CAHPS In-Center Hemodialysis Survey to establish baseline results.
- Identify key areas for improvement based on their survey results, in consultation with ESRD Networks and CAHPS grantees.
- Develop and implement a process improvement strategy related to areas identified with the support of the Networks and CAHPS grantees.
- Survey their patients again to determine the effect of the intervention effort after they complete the improvement process.

An implementation kick-off meeting is scheduled for August 2005.

## Save the Date: 10th National CAHPS User Group Meeting

March 29-31, 2006

Baltimore Marriott Waterfront • Baltimore, Maryland



### Important Resource:

#### *The CAHPS Improvement Guide*

*The CAHPS Improvement Guide* was designed to help health plans and medical groups understand how they can improve patients' experiences with care using CAHPS survey data. While the Guide refers to the CAHPS Health Plan Survey, the principles and quality improvement (QI) processes described in the first three chapters are equally applicable to dialysis facilities. The organizations involved in this project will be using this guide to help analyze performance issues, develop a work plan for their QI efforts, and identify appropriate improvement strategies.

To download *The CAHPS Improvement Guide*, visit [www.cahps-sun.org/References/CAHPSImprovementGuide.asp](http://www.cahps-sun.org/References/CAHPSImprovementGuide.asp).

### Documenting Lessons Learned

At the end of this project, the CAHPS grantees will produce a practical report on the "lessons learned" from the pilot project. The goal will be to identify best practices and discuss issues related to using the CAHPS In-Center Hemodialysis Survey for quality improvement purposes.



## Webcast Highlights the Use of CAHPS Surveys to Improve Care

On April 6, the CAHPS Survey Users Network hosted a Webcast that profiled the use of CAHPS surveys by medical groups to improve patients' experiences with care. Medical leaders from Stillwater Medical Group in Minnesota and Harvard Vanguard Medical Associates in Massachusetts described how they used test versions of the CAHPS Clinician & Group Survey to analyze strengths and weaknesses, identify and implement targeted interventions, and track the results of those interventions through continuous measurement of patient perceptions of care. The physicians discussed the challenges associated with this kind of project, including financing, and what they have learned from these initiatives about how to effect change at the practice level.

### The Medical Leader's Perspective

*"Good ideas alone really don't carry the day because health care systems have complicated infrastructures that keep things running alone quite conservatively. We took a couple of runs at making this change before we finally succeeded. It was only our making a commitment to continuous measurement of patient perception of care that allowed us to stay on track. By intensifying our investment in this change and by restructuring everything from phone scripts to panel size to physician staffing, we think we have finally learned what it takes to change a practice to make it be more patient centered."*

— Richard Marshall, Chief Medical Officer,  
Harvard Vanguard Medical Associates

The Webcast also addressed concerns about the feasibility of measuring, reporting, and using survey results at the level of practice sites and individual clinicians. Dana Safran, ScD, a member of the Harvard Team, shared the results of recent studies that address the following four questions:

1. What sample size is needed for highly reliable estimates of patients' experiences with a physician?
2. What is the risk of misclassifying physicians under different reporting frameworks?
3. Is there enough variability in performance to justify doing all this measurement?
4. How much variation in measurement is accounted for by physicians as opposed to other elements of the system?

To learn more about these issues, you can view the replay of the Webcast or read the transcript; both are available at [www.cahps-sun.org/Events/Webcast2005-04-06.asp](http://www.cahps-sun.org/Events/Webcast2005-04-06.asp).

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## Upcoming Webcast: The Use of CAHPS Surveys by States

In the fall of 2005, the CAHPS Survey Users Network will host a free Webcast to shine a spotlight on the ways in which States can use CAHPS surveys to improve quality, enhance public accountability, and meet the information needs of the beneficiaries of State programs. In addition to providing a preview of the new CAHPS Clinician & Group Survey, this Webcast will give States an opportunity to hear about the changes in the 4.0 version of the CAHPS Health Plan Survey and strategies for incorporating the updated instrument while still maintaining trending information.

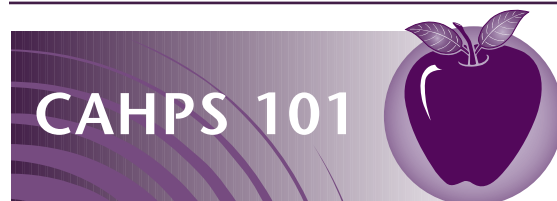
### Share Your Experiences

We are looking for examples at the State level of innovative uses of CAHPS surveys. We are also interested in hearing from States that are exploring the use of survey information at the clinician or group level. If you represent or work with a State agency that has an interesting story to share, please contact us at [cahps1@westat.com](mailto:cahps1@westat.com).

### Tell Us What You'd Like to Know

We are also eager to hear from States about the challenges they face and the ways in which the CAHPS Survey Users Network could support your use of the CAHPS surveys. If you have questions or suggestions, contact us at [cahps1@westat.com](mailto:cahps1@westat.com).

For more information about this Webcast, visit [www.cahps-sun.org](http://www.cahps-sun.org) later this summer.



## Cognitive Testing: What It Is, Why We Do It

*Edited by Patricia Gallagher, PhD,  
Harvard CAHPS Team*

Cognitive testing involves intensive one-on-one interviews with people from a population to be surveyed. For example, investigators would conduct cognitive interviews with senior citizens as a step in the development of questionnaires for Medicare beneficiaries.

The basic goal of the cognitive interview is to find out whether the questionnaire is likely to work as the survey designers intended. Cognitive testing can go a long way toward discovering questionnaire problems and revealing solutions before the survey goes into the field.

### How Does Cognitive Testing Fit Into the Overall Testing Process?

Cognitive testing is one step in pre-testing survey instruments. Focus groups with members of the target population are often the first step in learning how people think and talk about the area of interest to investigators. Cognitive interviews are conducted once the investigators have developed draft survey

questions. The next step is a small pre-test, which is essentially a “dress rehearsal” for a larger survey. The final step in pre-testing a survey instrument is a field test. A field test tells us about the reliability and validity of the questions, in other words, how well the survey items measure the constructs they were intended to measure.

### Who Gets Interviewed?

In most cases, potential respondents are a small convenience sample drawn from the population that will be surveyed. A convenience sample is a sample of subjects selected for study not because they are statistically representative of the larger population but because it is convenient to recruit them. That said, every effort is made to recruit as diverse a group of people as possible given the relatively small number of cognitive interviews that can be practically conducted. Cognitive interview subjects are usually paid a small stipend for participating in the testing.

### What Does Cognitive Interviewing Tell Us?

By testing the survey with representatives of the sample population, survey designers can answer the following research questions:

- Are the survey questions likely to be interpreted consistently across respondents in a manner consistent with the researcher's intent? To say that another way, do respondents understand all the words?



- Are the questions ordered in a logical fashion that facilitates responding?
- Do the questions place unreasonable demands on respondents' abilities to recall relevant information?
- Are the response choices both appropriate and meaningful to respondents?

### How Is Cognitive Testing Done?

The interviews are designed to ascertain whether the terms and concepts used in the survey questions mean the same things to both respondents and investigators. Cognitive interviewers also probe any unexpected or otherwise provocative statements by the respondent that suggest difficulty understanding or answering questions. Some probes are pre-determined based on concerns the researchers may have about the questions; other probes arise as the respondent reacts while reading and answering the survey. There are several approaches to cognitive interviewing; often multiple methods are applied within the same study.

- **Concurrent probing.** The most common approach is concurrent probing, where researchers ask the respondent about the meaning of key terms in the survey questions, their reasons for certain answers, and other questions while the respondent is answering the survey. When the survey is completed, the interviewer may review the process with the respondent and ask more general questions about the survey experience.
- **Think aloud.** Another common method of cognitive interviewing is to request the respondent to "think aloud" while answering. That is, the respondent is asked to verbalize his or her thoughts while reading the questions and generating answers.
- **Retrospective probing.** In this approach, probing takes place after the respondent is finished answering the survey questions. Alternatively, the cognitive interviewer



may probe at the end of sections of related items within the questionnaire.

There is no single best approach that fits all situations; all methods have their strengths and weaknesses. For example, concurrent probing on the part of the interviewer can easily influence the respondent's cognitive processing of subsequent questions in the survey. But a strict reliance on retrospective probing may result in important information not being captured because respondents may not be able to recall precisely how they viewed a question when they first answered it. The choice of an approach depends on the features of the questionnaire and specific pre-testing objectives.

### For more information about cognitive interviewing, please see:

- Fowler, F. J., Jr. (2002). *Survey Research Methods (3rd Edition)*. Thousand Oaks, CA: Sage Publications.
- Willis, G. (2004). *Cognitive Interviewing: A tool for improving questionnaire design*. Thousand Oaks, CA: Sage Publications.



## Coming Soon: The Report Card Clearinghouse

The Agency for Healthcare Research and Quality (AHRQ) hosts a Web site called "TalkingQuality" that is designed to help organizations produce public reports on health care quality that meet the decision-making needs of their consumer audiences and build on the lessons learned by researchers and experienced sponsors. (See [www.talkingquality.gov](http://www.talkingquality.gov)) As part of an ongoing effort to update and expand the site to address reporting at all levels of the health

care system, AHRQ is supporting the development of a free searchable database that will enable sponsors and researchers to see what kinds of comparative information are being reported, who is involved in reporting efforts, and how information on quality is being presented. By making this kind of information readily available, AHRQ is hoping to promote the spread of innovative and effective approaches to reporting and facilitate networking among report card sponsors.

### Do You Produce a Report Card?

We are trying to make this clearinghouse as comprehensive as possible. If you produce a public report on quality, please contact us as soon as possible so that we can include your report.

- If your report is in an electronic format or on the Web, please send the document or the URL for your Web site to [cahps1@westat.com](mailto:cahps1@westat.com).
- If it is available in print, please mail a copy to:  
Westat  
RA-1185 – Report Card Clearinghouse  
1650 Research Blvd.  
Rockville, MD 20850

Please be sure to include contact information so that we can followup with you to confirm that our entry for your report is correct.

### Next Steps

A beta version of the Report Card Clearinghouse will be available in the summer of 2005. If you are interested in testing the beta version, please send an email to [cahps1@westat.com](mailto:cahps1@westat.com).



## Guidelines for Translating CAHPS Surveys

The CAHPS grantees are currently developing a set of guidelines for the translation and cultural adaptation of CAHPS surveys to support users that want to field these instruments in languages other than English and Spanish. Once these guidelines are reviewed and tested by various Government agencies and private organizations (such as health plans), they will be made available on the CAHPS Survey Users Network's Web site.

The first guideline addresses the assessment and selection of translators and translation reviewers. This document explains the roles of the translator and the translation reviewer, the process of selecting translators and translation reviewers (or translation firms), and the

qualifications that each should have. The draft version is available at [www.cahps-sun.org/Products/Healthplan/HP-TranslationGuidelines.asp](http://www.cahps-sun.org/Products/Healthplan/HP-TranslationGuidelines.asp). The CAHPS grantees would welcome your comments and suggestions on the usefulness and applicability of the guidelines. Please send them to [cahps1@westat.com](mailto:cahps1@westat.com).

Future guidelines will address the following topics:

- Considerations for the design and implementation of cognitive interviews for CAHPS survey translations
- Guidelines for assessing readability in languages other than English

### comments or questions?

The CAHPS Survey Users Network welcomes your comments and questions.

Please contact us:

**By e-mail:** [cahps1@westat.com](mailto:cahps1@westat.com)

**By phone:** 1-800-492-9261

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